

## CAADP Nutrition Capacity Development Workshop for SADC Countries

Gaborone, Botswana 9<sup>th</sup> – 13<sup>th</sup> September 2013

### Country Group Work Report – Botswana

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**Appendix 1:** Hon Christiaan De Graaff's Official Opening Speech of the CAADP Nutrition Capacity Development Workshop held at the Phakalane Golf Estate, Gaborone, Botswana

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## 1. Objective of the Group Work

To build consensus on key nutritional problems in the country and identify ways to ensure these nutritional problems are effectively addressed in agricultural plans, strategies and programmes. Among several documents consulted were: The Revised National Agriculture Policy (still in draft form); The Poverty Reduction Guidelines, The Destitution Policy, The Vision 2016; The National Development Plan 10; The National Food Strategy; and The Rural Development Policy. Following the Comprehensive Africa Agriculture Development Programme (CAADP) Nutrition Workshop, the Country Team developed a road map to mainstream nutrition into agriculture policies and strategies.

## 2. Background

Although a CAADP Focal Point was appointed several years ago (in 2008/9) in the Ministry of Agriculture (MoA), CAADP work in Botswana has only just gained momentum. Currently, work is underway to conduct a basic Agriculture Sector Public Expenditure Review / Study. The aim of the study is to analyze the efficiency and effectiveness of agricultural sector expenditure. The demand for the review comes from the commitment by member states of the NEPAD<sup>1</sup> to allocate 10 percent of their annual budgets to agriculture. Under NEPAD's CAADP Programme, one of the first tasks for individual countries is to undertake a public expenditure review to document the level, composition, and quality of agricultural sector expenditure. This is in view of recognizing the constraints to the growth and poverty reduction potential of the agriculture sector resulting from limited and mis-targeted government expenditure on public goods and services. To this end, a consultant has been engaged in Botswana to carry out the Agriculture Sector Public Expenditure Review work and the review is targeted for completion in May 2014.

The CAADP Implementation Process is still in its infancy in Botswana. The MoA has only just engaged with the different stakeholders for sensitization/awareness creation. The stakeholders include the following line ministries MoH<sup>2</sup>; MMEWR<sup>3</sup>; MLH<sup>4</sup>; MFDP<sup>5</sup>; MTI<sup>6</sup>, PECU<sup>7</sup> and MLGRD<sup>8</sup> as well as the MoA Parastals: BAMB<sup>9</sup>; BMC<sup>10</sup>; BVI<sup>11</sup>; BHP<sup>12</sup>; BYFA<sup>13</sup>, NFTRC<sup>14</sup> and Farmers' Associations. Other stakeholders include development partners (FAO<sup>15</sup>) and academia among others. Other CAADP processes such as Launching of the CAADP Agenda; Compact Designing and Signing and the development of an Investment Plan are yet to be done.

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<sup>1</sup> New Partnership for Africa's Development

<sup>2</sup> Ministry of Health

<sup>3</sup> Ministry of Minerals, Energy & Water Resources;

<sup>4</sup> Ministry of Lands & Housing

<sup>5</sup> Ministry of Finance & Development Planning

<sup>6</sup> Ministry of Trade & Industry

<sup>7</sup> Poverty Eradication Coordination Unit in the Office of the President

<sup>8</sup> Ministry of Local Government & Rural Development

<sup>9</sup> Botswana Agricultural Marketing Board

<sup>10</sup> Botswana Meat Commission

<sup>11</sup> Botswana Vaccination Institute

<sup>12</sup> Botswana Horticultural Produce

<sup>13</sup> Botswana Young Farmers' Association

<sup>14</sup> National Food Technology Research Centre

<sup>15</sup> Food & Agriculture Organisation

A multi-sectoral Country Team was assembled prior to the CAADP Nutrition Capacity Development Workshop for SADC countries hosted by Botswana in September 2013. The team composed of professionals from agriculture, health, education, local government, NGOs, and academia among others. The team discussed Botswana's major food and nutrition security challenges and key nutrition related policies and programmes, and synthesized these into a **Nutrition Country Paper (NCP)**.

The CAADP Nutrition Capacity Development Workshop for SADC countries was officially opened by the Minister of Agriculture, Hon. Christiaan De Graaff (**Refer to Appendix 1 for his speech**) which demonstrated the support and buy-in by the government.

### 3. Analysis of the Food & Nutrition Security Situation in Botswana

#### 3.1 Food Security Situation

Botswana has one of the most stable food security statuses, at least at national level, in Africa. Subsequent to 1991, Government moved from promoting food self sufficiency to driving "access to food at affordable prices, irrespective of the source"<sup>16</sup>. The shift brought with it one substantial change: recognition of the potential role to be played by food imports which was, prior to 1991, neglected given the emphasis on food self sufficiency. Today food availability, mostly driven by imports which are largely sourced from South Africa, is satisfactory.

While access to food is satisfactory (measured in terms of availability and access to markets), food prices which have increased over the years may erode food affordability especially in low income families or individuals which may result in compromised food security at household level. Initial results from Botswana Vulnerability Assessment Results for (BVAC) 2013 show that prices for staple foods have increased by 27% since 2009/2010.

Calculations for 2013/2014 marketing year show national requirements for maize and sorghum/millet are estimated at a total of 316 928 metric tons. Therefore Botswana will need to import over 80% of these grains in order to meet her national requirement. Domestic production realised from 2012/2013 cropping season was undermined by low and erratic rainfall followed by prolonged dry spells. The reliance on food imports (staple and non staple) is expected to grow and thereby influencing market operations in terms of price and consumer behaviour (preferences).

Notably food utilisation in Botswana is not a widely monitored concept of food security. In Food Security, utilisation encompasses preparation<sup>17</sup> and storage of food: most rural (or agriculture dependent) households produce and store own food in a traditional way. These facilities are in most cases inadequate and may result in losses in terms of quantity and quality.

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<sup>16</sup> Source: 1991 National Policy on Agricultural Development

<sup>17</sup> This part of utilization is normally covered under health when dealing with issues of malnutrition. It involves the way food is prepared in general and in accordance with nutritional requirements of individual family members.

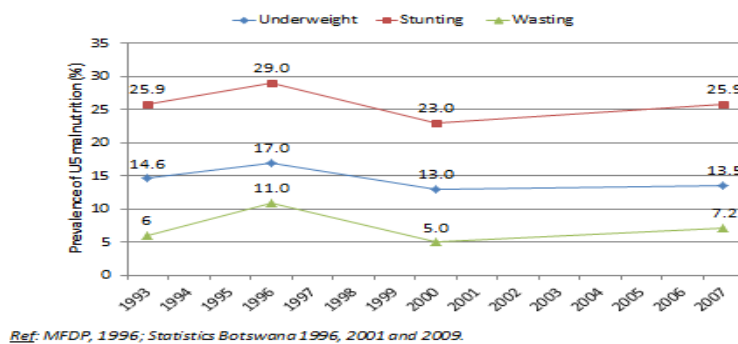
The most common form of coping strategies during times of perceived food insecurity can be categorised into two: food coping strategies and income/expenditure coping strategies. The former normally entails unconditional transfers offered by the Government in the form of food baskets for the vulnerable groups. Income coping strategies normally entails selling of some assets, enrolment in government conditional transfers such as Ipelegeng, rural urban migration.

### 3.2 Nutritional Situation

The burden of malnutrition remains worrisome in Botswana with wasting<sup>18</sup> stunting<sup>19</sup> and under-weight<sup>20</sup> among children under the age of five (<5) still recording high levels. The 2007 Botswana Health Survey shows that in that year, 7.2%, 25.9% and 13.5% of <5 children were wasted, stunted and under-weight respectively (Data based on NCHS Reference). A re-analysis of the same data based on the 2006 WHO<sup>21</sup> Growth Standards indicates that 8.6%, 31.2% and 11.9% of children were wasted, stunted and under-weight respectively (Nnyepi, Mokgatlhe, Gobotswang, & Maruapula, 2011). All surveys undertaken in the country indicate that prevalence of underweight is higher in rural areas than in urban areas.

The figure below shows that stunting prevalence has remained the same at 25.9% in 1993 and in 2007, whereas underweight prevalence decreased slightly from 14.6% (1993) to 13.5% (2007). Wasting on the other hand increased from 6% to 7.2% during the same period.

**Figure 1: Trends in child under nutrition in Botswana: 1993–2007 (NCHS Reference)**



<sup>18</sup> **Wasting** refers to **low weight-for-height**. It is when a child is thin for his/her height but not necessarily short. It is also known as **acute malnutrition**. It is a strong predictor of increased risk of morbidity and mortality. Wasted children have a 5-20 times higher risk of dying from common diseases like diarrhoea or pneumonia than normally nourished children. Wasting is often associated with acute starvation or food shortage. Wasting rates of >10% indicate a serious problem and require urgent response/intervention.

<sup>19</sup> **Stunting** refers to **low height-for-age**. It is when a child is short for his/her age (but not necessarily thin) as a result of suboptimal health and/or nutritional conditions. It is also known as **chronic malnutrition**. It is associated with early exposure to inappropriate feeding practices, long-term insufficient nutrient intake and poor socio-economic conditions. Stunting generally occurs before age two, and its effects are largely irreversible. It carries long-term developmental risks which include delayed motor development, impaired cognitive function and poor school performance. Nearly one third of children <5 in the developing world are stunted.

<sup>20</sup> **Under-weight** refers to **low weight-for-age**. It basically reflects body mass relative to chronological age, i.e. when a child is either thin or short for his/her age. This reflects a combination of **chronic and acute malnutrition**.

<sup>21</sup> World Health Organisation

## Adult Malnutrition

Prevalence of malnutrition among adult population has also been reported. Findings of the 2006 National Survey on the Food Consumption Patterns of the Adult Population in Botswana show the prevalence of both under – and over-weight in towns, urban and rural villages by the gender of the respondent. For males, underweight was highest among men residing in urban villages (21.2%) and overweight was most prevalent in towns and cities (18.3%). Rural areas recorded low incidences of under-weight and obesity (4.5% and 1.5% respectively). For females, overweight and obesity were prevalent among women residing in towns/cities and urban villages at 24.5% and 27.0 % respectively, and 42.2% had a waist-to-height ratio greater than 0.5. Excess adiposity was slightly lower among rural women (Jackson-Malete et al, 2006).

Similar prevalence rates of obesity have been observed before; for instance, the Botswana STEPS Survey of 2007 revealed that 24.6% of women were obese, while Letamo (2011) reported that 23% of women were obese in Botswana. This confirms the emergence of the double burden of malnutrition described elsewhere in African populations.

Other nutrition problems in Botswana are micronutrient deficiencies and diet-related non communicable diseases<sup>22</sup>. The causes of nutrition related problems include inadequate food intake, poor diets, recurring infectious diseases among children (e.g. diarrhea), poor food handling practices at household level, inadequate nutrition education, inadequate maternal and child caring practices and pre-disposing diseases such as TB and HIV & AIDS. Nutritional status is also likely affected by, among other factors, poor farming practises which often results in low production thus rendering the country food insecure, poor coordination among key players dealing with food and nutrition issues, as well as inadequate mechanisms to deal with disaster risk management. All these trends reflect challenges related to food access and food utilization.

### 3.3 Food Shortage Management

Just as in other parts of Africa, extreme weather events such as droughts and floods (which are increasing in frequency and impact under global climate change), as well as a range of pests and animal diseases often undermine fragile livelihoods and pose direct threats to food security in Botswana. The Government of Botswana has contracted Botswana Agricultural Marketing Board (BAMB) to manage its Strategic Grain Reserve (SGR) for national food security purposes. BAMB has been managing and maintaining the government SGR for more than twenty 20 years. At any given time, the government SGR holds about 70,000 Mt comprising of 30,000 Mt of Sorghum, 30,000 Mt of Maize and 10,000 Mt of beans. These stocks are expected to sustain the country for a period of about four months<sup>23</sup>

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<sup>22</sup> Non communicable diseases (NCDs) are also known as chronic diseases. They are not passed from person to person. They are of long duration and generally slow progression. The five main types of non communicable diseases are **cardiovascular diseases** such as heart attacks and stroke; **cancers**, **chronic respiratory diseases** such as chronic obstructed pulmonary disease and asthma; **obesity** and **diabetes**.

<sup>23</sup> This is calculated based on assumptions that consumption patterns, population and market conditions do not change. A period of 3 months is deemed sufficient enough to allow for corrective measures to be taken by the Government.

In addition to the several programmes that are geared to improving food security and sustaining livelihoods, Botswana is promoting self sustenance in the form of employment creation and food production. The programmes include:

- **Ipelegeng Programme**

A government initiative, aimed at providing relief whilst at the same time carrying out essential development projects that have been identified and prioritized through the normal development planning process. Any able bodied citizen aged 18 years and above with a valid Omang (National Identity Card) can engage in the programme. The beneficiaries are engaged on monthly rotational basis and paid wages of P360 (approximately US\$42) and P480 (approximately US\$56) per month for labourers and supervisors respectively. It also targets unskilled and semi-skilled labour for short term assistance due to other economic factors through the use of simple tools and machinery.

- **Vulnerable Groups and School feeding Programme**

The Vulnerable Group Feeding programme is aimed at providing vulnerable groups at health facilities with supplementary food commodities to help prevent and curb the problem of malnutrition, and improve their health status. Vulnerable groups include children aged 6 to 59 months of age (under 5s) and those aged 6 years whilst awaiting to be enrolled at primary school, medically selected pregnant and lactating mothers and TB out patients.

The school feeding programme provides two meals per day at school and is aimed at improving nutritional status and attendance at school.

- **Destitute Persons Programme**

It ensures provision of minimum assistance to destitute persons to ensure their good health and welfare. It targets individuals who are victims of social (old age, needy students, children in need of care), economic and natural disasters (floods, wars, fire,) who cannot fend for themselves. The beneficiaries are provided with food packages amounting to P330.00-P650.00 (approximately US\$39-76), and an allowance of P81 (approximately US\$10) per month.

- **Orphan and Vulnerable Children Programme (OVC)**

It targets children of 0-18 years who have lost both parents. The programme also caters for children living under difficult circumstances either dumped, neglected, abused, victims of child labour or child trafficking. Food baskets amounting to P400.00 to P600 per month are provided through local retailers.

- **Old Age Pension (OAP)**

This is a safety net aimed at financially assisting the elderly who are aged 65 years and above and it is not means tested. The beneficiaries get a monthly allowance of P220 (approximately US\$26).

- **World War II Veterans (WWV II)**

It is a token of appreciation to the World War II veterans for their effort, sacrifice and contribution. In case where the veteran is deceased, the allowance is extended to their surviving spouses and dependents aged 0-21 years. The beneficiary is entitled to an allowance amounting to P359 per month (approximately US\$42).

- **Community Home Based Care (CHBC)**

It ensures optimum level of care for terminally ill patients in order to improve their welfare. It targets needy patients. The patients are provided with nutritious food basket, and health care services as recommended by the doctor or dietician.

- **Remote Area Development Programme (RADP)**

This programme is aimed at accelerating economic development, poverty alleviation and promotes sustainable livelihoods in the remote areas. It targets all marginalized communities in remote areas. It promotes self-reliance and social integration by assisting in income generating programmes such as small businesses (bakeries, tannery etc).

- **Livestock Management and Infrastructure Development Programme (LIMID)**

It provides economic resources to the poor to eliminate destitution and provide infrastructure for livestock management.

- **Integrated Support Programme for Arable Agriculture Development (ISPAAD)**

It provides assistance to farmers through the provision of inputs to increase crop production.

- **School Fees Exemption Programme**

This has been introduced to promote access to education. The cost sharing policy requires that parents pay 5% of the annual cost of education for their children. School fees exemption in this case excludes children of destitute persons, orphans, children in need of care and children of terminally ill parents.



### 3.4 Population Groups Affected by Food & Nutrition Security Problems

People of low socio-economic status most affected by food and nutrition security include, but not limited to, the following:

- Children under five years of age;
- School going children (particularly primary);
- Women of reproductive age, pregnant and lactating mothers;
- The elderly;
- Populations living in disaster prone areas (Ngami/Okavango district);
- People with Chronic diseases such as HIV & AIDS, Tuberculosis, NCDs;
- Child, Elderly and Single (especially female) headed households;
- Orphans; and
- The urban poor.

### 3.5 Geographical Areas Most Vulnerable to Malnutrition

- Kgalagadi and Ghanzi districts (stunting and underweight) due to a number of factors including but not limited to:
  - Long drought leading to persistent food insecurity/seasonality of foods: the area is Semi arid;
  - Poor feeding practices;
  - High unemployment rate limiting food purchasing power; and
  - Limited availability of fruit and vegetables due to distance from production locations
- Okavango area (wasting) due to food shortage caused by natural disasters such as flooding, as well as high unemployment rate
- Urban poor (underweight) due to household food insecurity and income insecurity

## 4. Goal, Objectives, Activities and Indicators Related to Food & Nutrition Security

### Goal: To mainstream nutrition in the agriculture policy

Objectives	Activities	Indicators (Measure)
1. To incorporate nutrition into agriculture strategies and programmes	Incorporate nutrition specific objectives and indicators into the design and evaluation of agriculture strategies, programmes and investments, and measure nutrition-related outcomes  Increase advocacy at high level to raise the profile of nutrition within the agriculture sector and align resources accordingly	Number of agriculture strategies / programmes with nutrition specific indicators

	Expand the Food Security mandate with in MoA to include nutrition	
2. To improve food and nutrition security at all levels	<p>Strengthen food production technologies that are labour saving</p> <p>To increase production and diversity of nutritious food</p> <p>Promote consumption of safe, diverse and adequate diets/foods</p> <p>Empower women to produce and prepare safe and nutritious food/diets</p>	<p>% of population under or over weight / wasted / stunted</p> <p>Global Hunger Index<sup>24</sup></p>
3. To facilitate research and development activities for food and nutrition security	<p>In partnership with research institutions create a fund to support food and nutrition security research activities</p> <p>Strengthen utilization of research findings for decision making through improved dissemination and advocacy</p> <p>Collaborate with relevant stakeholders towards increasing the nutritional value of crops and enhancing the resilience of agricultural systems to climate change</p>	<p>Number of research projects specific to food and nutrition security</p>

## 5. Institutional Arrangements and Coordination Mechanisms

The formulation of the CAADP framework and its implementation should be guided by the country's long-term Vision; National Development Plans (NDPs) and the Revised National Policy on Agricultural Development (NPAD). The link between CAADP process and the NDP Agenda in the Agricultural sector is demonstrated by the sectoral reforms, quality, transparency, and appropriateness of Agricultural Policy, sector plans and programmes articulating the development and transformation of the Agricultural sector. The link between CAADP and NDP agenda requires strengthening capacity of implementing institutions and cultivating organisational relationship to encourage the principle of collaboration and collective responsibility. This endeavour should motivate the spirit of support and shared responsibility and accountability.

- Coordinator: Ministry of Agriculture;
- Government departments and institutions that have a food and nutrition security mandate; and

<sup>24</sup> Published annually by Welthungerhilfer, International Food Policy Research Institute, and Concern International

- Other relevant stakeholders (these should include development partners (FAO<sup>25</sup>), research institutions, academia and civil societies among others).

## 6. Capacities Needed for Integrating Nutrition

- Build nutrition security capacity within MoA
  - Have nutritionists in the Food Security Section of the MoA
- Solicit technical support for viable proposal development to support food and nutrition security interventions in the agriculture sector as well as for costing the interventions;
- Strengthen coordination at the CAADP Focal Point and amongst stakeholders at all levels;
- Advocate for allocation of adequate budgets for nutrition activities across all line Ministries paying particular attention at local and community levels;
- Develop a communications and advocacy strategy for food and nutrition security within MoA; and
- Strengthen the M&E systems to measure the impact of nutrition security

## 8. Costing / Funding Issues

The CAADP Country Team will carry out an inventory of ongoing and planned activities and interventions, and do a cost estimate as well as other resources required to carry out the activities. Request for additional resources needed to be made where/when necessary.

## 9. Next Steps

Request for technical support from CAADP and/or development partners to:

- Expedite all the outstanding processes such as Launching of the CAADP Agenda; Compact Designing and Signing and the development of an Investment Plan;
- Source expertise to mainstream nutrition into the agriculture policy and programmes, and to expand the Food Security mandate to include nutrition security within the MoA;
- Develop capacity to set up a food and nutrition security monitoring and evaluation system that feeds into the main ministerial (MoA) M&E system.

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<sup>25</sup> Food & Agriculture Organisation

## References:

1. Jackson M (2010). **Dietary Intakes of adults in Botswana and Associations with Weight Status. Food Consumption Survey Report.** National Food Technology Research Centre and University of Botswana. June 2006 pages 1-74.
2. Jackson-Malete J, Motswagole BS, Kwape L, Kobue-Lekalake R, Rakgantswana TB, Motlhoiwa K, Mokotedi M, Mongwaketsi T, (2006). **National Survey on the Food Consumption Patterns of the Adult Population in Botswana,** National Food Technology Research Centre and University of Botswana Report. Gaborone, Botswana.
3. Botswana STEPS Survey (2007). Chronic Disease Risk Factors Surveillance Report. *Ministry of Health,* Gaborone, Botswana.
4. Letamo G (2011). **The prevalence of and factors associated with overweight and obesity in Botswana.** *J Biosoc Sci,* **43,** 75-84.

## **Appendix 1: Minister De Graaff's Opening Speech**

**OPENING REMARKS BY**

**MINISTER FOR AGRICULTURE, HON CHRISTIAAN DE GRAAFF**

**AT THE**

**CAADP NUTRITION CAPACITY DEVELOPMENT WORKSHOP**

**HELD AT THE**

**PHAKALANE GOLF ESTATE CONFERENCE FACILITY IN**

**GABORONE, BOTSWANA**

**9<sup>TH</sup> - 13<sup>TH</sup> SEPTEMBER 2013**

Chairperson, distinguished guests and participants, it is indeed gratifying to be here today to officiate at this highly important workshop. I am particularly gratified to note that the objectives of the workshop are to build the capacity of the participants on integrating nutrition in agricultural development plans in the Southern Africa region.

Botswana is hosting this developmental stakeholder's workshop with the aim to discuss actions required to facilitate nutrition security through improved agricultural practices in our region. This meeting is conducted jointly by NEPAD through its flagship program, CAADP and the Botswana government. The workshop involves representatives from Regional Economic Communities (RECs) and other development partners. It has been planned amid concerns that several countries in the region that committed to accomplish the millennium development goal (MDG1) to eradicate extreme hunger and poverty are not on track and therefore poverty targets have made little or no progress. This workshop is therefore part of the momentum to intensify achievement of the MDGs as the 2015 deadline approaches.

Under the theme "Building capacity to mainstream Nutrition in National Agriculture and Food Security Investment Plans in Africa" the meeting is bringing together a range of participants from 14 countries versed in nutritional issues including CAADP Country focal points and delegates from Ministries of Agriculture, Health, Education, Finance, Civil Society and the private sector. The common objective is to address challenges of malnutrition and explore how to coordinate efforts to effectively deliver nutrition services where they are most needed.

The overall goal of the workshop is to ensure that nutrition interventions are planned, budgeted for and implemented as part

of the national agriculture and Food Security Investment Plans. It (workshop) is also part of the wider capacity development designed to help countries to enhance nutrition and impact of national agriculture and food security investment plans.

Ladies and Gentlemen, It is important to note that major constraints in promoting nutrition sensitive agriculture are many including: (i) little political commitment, (ii) lack of understanding within the agricultural sector of the role the industry plays in nutrition and (iii) a few food security programs having nutrition improvement as an explicit objective and/ component.

Countries present here are therefore urged to develop plans in order to strengthen coordination among appropriate sectors and stakeholders to align the ongoing and new nutrition programs with current or planned agricultural programs. The key issue is to **fight hunger and malnutrition** through **increasing the supply of affordable, nutritious and safe food, improve incomes** of the poor while **ensuring overall dietary diversity**.

As participants of this meeting you are expected to come up with recommendations and actions for strengthening capacities across various institutions/sectors which deal with agricultural issues. Various factors that contribute to food and nutrition insecurity such as HIV/AIDs and gender issues should be taken into account considering their link to nutritional conditions of the society.

I therefore appeal that you dedicate your time and energy to make the best benefit out of this workshop. This will help you to eventually play your roles effectively so as to achieve our common goal of contributing to the improvement of food security and nutrition security of our countries. You are a set of critical stakeholders and through workshop such as this you can be

assured of continued support from the regional partners such as NEPAD, FAO and RECs.

Ladies and gentlemen, at this juncture, I wish you fruitful deliberations.

With THESE remarks I declare this workshop officially opened.

**Thank You.**